

Your Contributions to 2006-2007 Arizona Benefit Options

Monthly Premiums for Arizona Benefit Options are detailed below in the rate charts.

MONTHLY MEDICAL PREMIUMS	SINGLE			FAMILY		
	Your Cost	State Cost	Total Premium	Your Cost	State Cost	Total Premium
Central Region: Maricopa, Gila, Pinal Counties						
RAN+AMN (HMA) EPO	\$25.00	\$411.00	\$436.00	\$125.00	\$955.50	\$1,080.50
Schaller Anderson (SA) EPO	\$25.00	\$411.00	\$436.00	\$125.00	\$955.50	\$1,080.50
UnitedHealthcare (UHC) EPO	\$25.00	\$411.00	\$436.00	\$125.00	\$955.50	\$1,080.50
AZ Foundation (AZF) PPO	\$140.00	\$567.00	\$707.00	\$390.00	\$1,335.00	\$1,725.00
UnitedHealthcare (UHC) PPO	\$140.00	\$567.00	\$707.00	\$390.00	\$1,335.00	\$1,725.00
Southern Region: Pima and Santa Cruz Counties						
RAN+AMN (HMA) EPO	\$25.00	\$398.00	\$423.00	\$125.00	\$921.50	\$1,046.50
Schaller Anderson (SA) EPO	\$25.00	\$398.00	\$423.00	\$125.00	\$921.50	\$1,046.50
UnitedHealthcare (UHC) EPO	\$25.00	\$398.00	\$423.00	\$125.00	\$921.50	\$1,046.50
AZ Foundation (AZF) PPO	\$140.00	\$511.00	\$651.00	\$390.00	\$1,177.50	\$1,567.50
UnitedHealthcare (UHC) PPO	\$140.00	\$511.00	\$651.00	\$390.00	\$1,177.50	\$1,567.50
Northern Region: Yavapai, Coconino, Navajo, and Apache Counties						
RAN+AMN (HMA) EPO	\$25.00	\$552.00	\$577.00	\$125.00	\$1,308.00	\$1,433.00
Schaller Anderson (SA) EPO	\$25.00	\$552.00	\$577.00	\$125.00	\$1,308.00	\$1,433.00
AZ Foundation (AZF) PPO	\$140.00	\$598.50	\$738.50	\$390.00	\$1,450.00	\$1,840.00
Southeastern Region: Graham, Greenlee, and Cochise Counties						
RAN+AMN (HMA) EPO	\$25.00	\$552.00	\$577.00	\$125.00	\$1,308.00	\$1,433.00
Schaller Anderson (SA) EPO	\$25.00	\$552.00	\$577.00	\$125.00	\$1,308.00	\$1,433.00
AZ Foundation (AZF) PPO	\$140.00	\$598.50	\$738.50	\$390.00	\$1,450.00	\$1,840.00
Western Region: Mohave, La Paz, and Yuma Counties						
RAN+AMN (HMA) EPO	\$25.00	\$552.00	\$577.00	\$125.00	\$1,308.00	\$1,433.00
Schaller Anderson (SA) EPO	\$25.00	\$552.00	\$577.00	\$125.00	\$1,308.00	\$1,433.00
AZ Foundation (AZF) PPO	\$140.00	\$598.50	\$738.50	\$390.00	\$1,450.00	\$1,840.00
Out-of-State						
BeechStreet PPO	\$25.00	\$732.00	\$757.00	\$125.00	\$1,758.00	\$1,883.00
NAU ONLY						
BlueCross BlueShield	\$25.00	\$515.92	\$540.92	\$125.00	\$1,264.74	\$1,389.74

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MONTHLY DENTAL PREMIUMS	SINGLE			FAMILY		
	Your Cost	State Cost	Total Premium	Your Cost	State Cost	Total Premium
Employers Dental Service (EDS)	\$4.02	\$6.18	\$10.20	\$18.16	\$11.50	\$29.66
Assurant	\$4.68	\$6.18	\$10.86	\$18.02	\$11.50	\$29.52
Delta Dental (DELTA)	\$14.56	\$17.88	\$32.44	\$54.14	\$51.75	\$105.89
MetLife Dental (METLIFE)	\$12.90	\$15.40	\$28.30	\$45.00	\$43.50	\$88.50

MONTHLY VISION PREMIUMS	SINGLE		FAMILY	
	Your Cost	Total Premium	Your Cost	Total Premium
Avesis		\$6.34		\$17.18

MONTHLY PREMIUMS - SUPPLEMENTAL LIFE PLAN

YOUR AGE	Cost per \$5,000
29 and Under	\$0.50
30-34	\$0.60
35-39	\$0.70
40-44	\$1.20
45-49	\$1.60
50-54	\$2.60
55-59	\$3.70
60-64	\$6.70
65-69	\$6.70
70+	\$10.60

MONTHLY PREMIUMS - DEPENDENT LIFE PLAN

COVERAGE AMOUNT	YOUR COST
\$2,000.00	\$0.94
\$4,000.00	\$1.88
\$6,000.00	\$2.82
\$12,000.00	\$5.64
\$15,000.00	\$7.06

MONTHLY PREMIUMS - SHORT TERM DISABILITY PLAN

YOUR COST
\$0.87 per \$100 of your monthly base salary
Monthly premium = (Monthly base salary/100)*\$0.87
Example: Monthly base salary = \$1000;
Monthly premium = (\$1,000/100)*\$0.87=\$8.70/monthly